

# BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET							SERIAL NO		FILING DATE			
							APPLICANT(S)					
							CLAIMS					
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND	DEP	IND	DEP	IND
	IND	DEP	IND	DEP	IND	DEP						
1	1						51					
2							52					
3		1					53					
4		1					54					
5		1					55					
6		1					56					
7	1						57					
8							58					
9		1					59					
10		1					60					
11		4					61					
12		7					62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19	1						69					
20		1					70					
21		1					71					
22		1					72					
23		1					73					
24		1					74					
25		1					75					
26							76					
27							77					
28							78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	3						TOTAL IND.					
TOTAL DEP.	12						TOTAL DEP.					
TOTAL CLAIMS	15						TOTAL CLAIMS					